

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

21 cv 16

1. Article Addressed to:

HEARTLAND HEALTH & WELLNESS FUND
 SERVE: PRESIDENT OR GENERAL MANAGER
 7250 POE AVENUE, SUITE 300
 DAYTON, OH 45414



9590 9402 4898 9032 8858 31

2. Article Number (Transfer from service label)

7014 0150 0001 6645 9410

COMPLETE THIS SECTION ON DELIVERY**A. Signature***Laura Allen* Agent Addressee**B. Received by (Printed Name)***Laura Allen***C. Date of Delivery***1-19-21***D. Is delivery address different from item 1?** Yes

If YES, enter delivery address below:

 No*LR 4.2***3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery